

Georgia ACS EDI Submitter Enrollment Form Instructions



Please return to:
ACS
Attn: EDI Enrollment Unit
PO BOX 4000
McRae, GA 31055
Or fax to 1-866-309-0935

Georgia ACS EDI Submitter Enrollment Form Instructions

Please use these instructions while completing the ACS EDI Submitter Enrollment Form. All existing and new submitters planning to submit or receive electronic transactions must return the completed packet to the ACS EDI Enrollment Unit at the following address:

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Each section of the enrollment form has a corresponding section on the following instruction pages. Please refer to the instruction pages for each section if you have questions. The instruction pages have detailed information to assist you in completing each section of the EDI enrollment form. If you need additional assistance, please call 1-800-987-6715, Monday-Friday 8:00 AM-5:00 PM EST.

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Please use the following instructions when completing the Georgia ACS EDI Provider Submitter Form.

Section 1: Classification.

Please indicate whether you are a Software Vendor, Billing Agent, or both. **This field is required.**

- Software Vendor- Please select this option if you have developed a software product and plan to offer your software product to providers who will submit transactions directly to ACS EDI Gateway.

Note to Software Vendors:

- You must enroll with ACS EDI Gateway to receive a unique Trading Partner ID/Logon Password and we encourage you to enroll as soon as possible.
- Because your clients/providers are also required to enroll with ACS EDI Gateway, they must be prepared to indicate your trading partner ID on their enrollment form. Please be prepared to issue your ACS EDI Gateway Trading Partner ID to your clients/providers. This key piece of information is needed to maintain a stable test/production environment and provider/software vendor relationship.
- Once you receive your unique Trading Partner/Logon Password, you must test your software product with ACS EDI Gateway. Your clients cannot submit production transactions until you have completed testing. You may contact ACS EDI Gateway at the number below to begin testing.

- Billing Agent- Please select this option if you plan to submit and/or retrieve transactions with ACS EDI Gateway on behalf of clients/providers.

Note to Billing Agents:

- You must enroll with ACS EDI Gateway and receive a unique Trading Partner ID/Logon Password and we encourage you to enroll as soon as possible.
- Once you receive your unique Trading Partner/Logon Password, you must test your submission capabilities with ACS EDI Gateway. You cannot submit production transactions until you have completed testing. You may contact ACS EDI Gateway at the number below to begin testing.
- Each of your clients/providers must submit an original signed Power of Attorney (POA) form to ACS EDI Gateway. The *Power of Attorney Form* must be completed in its entirety. It must be notarized including the signature of the provider or the provider's representative and the provider's identification number. The POA must also include your (the billing agent) ACS EDI Gateway Trading Partner ID, so please be prepared to issue your ACS EDI Gateway Trading Partner ID to your clients/providers. This key piece of information is needed to maintain a stable test/production environment and provider/billing agent relationship. Please visit our website at www.acs-gcro.com for POA download.

- Both- Please select this option if you plan to provide the above services of a Software Vendor and the above services of a Billing Agent.

ACS EDI Gateway, Inc.

1-800-987-6715 (phone)

www.acs-gcro.com

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Section 2: Submission Method.

Please indicate how you will be submitting your electronic transactions. **This field is required.**

WINASAP2003 (replaces WINASAP2000 and EMC - EDS Software)

I am a submitter who will submit transactions directly to ACS EDI Gateway using the WINASAP2003 software.

Web Portal

I am a submitter who will use the Georgia Health Partnership (GHP) Web Portal to submit X12N batch transactions directly to ACS EDI Gateway. I will upload batch X12N transactions through the Web Portal to ACS EDI Gateway.

Asynchronous (Direct Submission to EDI) – I will submit using a vendor supplied software.

Please select this option if you plan to submit standard (X12N) transaction directly to ACS EDI Gateway using vendor supplied software. Please note that your Software Vendor must enroll, receive a trading partner ID, and test with ACS EDI Gateway before the submission of production claims. If you select this option, it is required that you indicate your Software Vendor's *ACS EDI Gateway's trading partner ID* in Sub-section 7b of the attached ACS EDI Submitter Enrollment Form. This information is needed to maintain a stable testing/production environment and provider/software vendor relationship.

Asynchronous (Direct Submission to EDI) – I plan to develop my own software package.

I am a submitter who will submit standard (X12N) transactions directly to ACS EDI Gateway.

Section 3: Submitter Information.

Please complete the appropriate submitter information. **These fields are required.**

Your email address is optional and will be kept confidential.

Section 4: Software Vendors Only.

If you have indicated classification Software Vendor in Section 1, please complete this section. **These fields are required.**

Section 5: Contact Information.

Please indicate specific contact and additional contact information, if different from submitter information in Section 3 above.

Section 6: Billing Agent Using a Software Vendor.

If you have indicated that you are a Billing agent in Section 1 of the attached *ACS EDI Submitter Enrollment Form* and plan to use vendor supplied software (Section 2), please tell us about your Software Vendor (complete required Sub-sections 6a and 6b). This information is needed to maintain a stable testing/production environment and provider/software vendor relationship. **WINASAP2003 users do not need to complete this section/page.**

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Sub-Section 6a: Information about the Services that you use.

Please complete the appropriate information. **These fields are required.**

Sub-Section 6b: Submitter/Trading Partner ID Number.

If your Software Vendor is currently submitting electronic transactions directly to ACS EDI Gateway, please indicate his or her 5-digit submitter ID or 6-digit trading partner ID. You may need to contact your Software Vendor for this information. This information is needed to maintain a stable testing/production environment and provider/software vendor relationship.

Section 7: Transactions Available for Transmission.

If you will be using the WINASAP2003 product, complete Section 7a. Complete section 7b to indicate the transaction types that you will be submitting.

Nursing Facility Providers: Choose Transaction 837I (Institutional)

Sub-Section 7a: WINASAP2003 Users.

Request for software.

Please indicate how you would like to receive the software and which transactions you will be submitting. WINASAP2003 is replacing WINASAP2000 and the EMC software.

Sub-Section 7b: Standard X12N/Web Portal – (Batch Only) Transactions.

Sub-Section 7b lists the standard X12N and Web Portal (Batch Only) transactions that will be available. If you will be submitting transactions other than WINASAP2003 transactions, please complete this section.

Submitters submitting through a Software Vendor must complete this section.

Section 8: Delimiter Information.

If you will be submitting X12N transactions directly to ACS, please indicate the alternate delimiter to be used if you are not using the default. **WINASAP2003 users do not need to complete this section.**

Section 9: Electronic Response Retrieval.

Georgia Medicaid/PeachCare for Kids Submitters will be able to retrieve responses and reports via the Bulletin Board System (BBS). If submitters answer yes to the question they must complete Sub-sections 9a or 9b and select which electronic responses and reports they will retrieve from ACS EDI Gateway.

Sub-Section 9a: WINASAP2003.

If you will submit claims directly to ACS EDI Gateway via the new WINASAP2003 software and would like to retrieve the electronic X12N 835(Healthcare Claim Payment Advice) on behalf of your clients/provider, please select the X12N 835 box.

Sub-Section 9b: X12N Transactions and Web Portal (Batch Only).

Billing Agent:

If you will submit claims directly to ACS EDI Gateway using a submission method (Section 2) other than the new WINASAP2003 software, please select the box of each X12N response you wish to retrieve.

Software Vendor:

If you plan to format your software for retrieval of X12N responses, please select the box of each X12N response you wish to retrieve.

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Special Note to Billing Agents:

Requirement for Georgia Medicaid/PeachCare for Kids Billing Agents: Your providers must indicate that you are submitting or retrieving on their behalf. Each provider must fill out a Power of Attorney (POA) form.

The POA form must be notarized and completed in its entirety. The completed form must be mailed to the address on the front of the instruction sheet. Fax copies will not be accepted. To download the POA form, go to:

http://www.acs-gcro.com/Medicaid_Accounts/Georgia_Medicaid/Enrollment/POWER_OF_ATTORNEY_FOR_ELECTRONIC_CLAIMS_SUBMISSION.pdf

Scenarios are listed below to ensure that the appropriate party completes the proper documentation.

If a provider allows a billing agent to submit transactions on his or her behalf, but the provider wishes to retrieve his or her own responses, including the 835 Remittance Advice, the *Georgia ACS EDI Submitter Enrollment Form* must be completed by the submitter and the *Power of Attorney Form* must be completed by the provider.

If a provider allows a billing agent to submit and retrieve on his or her behalf, the *Power of Attorney Form* is to be completed by the provider.

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